

MARYLAND DEPARTMENT OF THE ENVIRONMENT
Water Management Administration • Bureau of Mines
160 South Water Street • Frostburg Maryland 21532
(301) 689-6104 • 1-800-633-6101 • <http://www.mde.state.md.us>

Permit Application No.: _____

**APPLICATION FOR MINING OPERATIONS
MODULE I-A**

Date: _____

1. Applicant Identification and Interests:

1.1 Name of Applicant or Company: _____

1.2 Address: _____

1.3 City: _____ State: _____ Zipcode: _____

1.4 Telephone Number: _____

1.5 Applicant Employer I.D. Number: _____

1.6 Applicant Social Security Number: _____

1.7 Is the applicant a licensed Maryland Operator? ☐ YES ☐ NO

If YES, list Operator's License Number: _____

1.8 Identify resident agent, in Maryland, for service of process:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____

Employer I.D. Number: _____

Social Security Number: _____

1.9 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____

Employer I.D. Number: _____

Social Security Number: _____



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1.10 Indicate legal structure of applicant:

- ☐ Single proprietorship (individual)
☐ Partnership
☐ Corporation: List State of Incorporation: _____
☐ Association
☐ Other, List: _____

Attach certified copy of partnership agreement, incorporation from Secretary of State, or certificate of authority to conduct business in Maryland, whichever is appropriate, and label Attachment I-A-1.10.

1.11 If applicant is a single proprietorship (individual), list owner:

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone: _____
Employer I.D. No.: _____
Social Security No.: _____
Beginning Date of Ownership: _____

1.12 If applicant is a partnership, list all partners. If any partner is a business entity and not an individual, also complete 1.16 for that entity.

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone: _____
Employer I.D. No.: _____
Social Security No.: _____
Location in Organizational Structure: _____
Official Title Within Partnership: _____
Percent of Ownership: _____
Beginning Date of Ownership: _____

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone: _____
Employer I.D. No.: _____
Social Security No.: _____
Location in Organizational Structure: _____



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Permit Application No.: _____

Official Title Within Partnership: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-1.12. Number of additional entries _____.

- 1.13 If the applicant's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for: (1) Officers [President, Vice President, Secretary, Treasurer]; (2) Stockholders owning ten percent (10%) or more of any class of voting stock; and (3) Directors, and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete I.16 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone No.: _____

Employer I.D. No.: _____

Social Security No.: _____

Location in Organizational Structure: _____

Official Title Within Partnership: _____

Date Position Was Assumed: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-1.13. Number of additional entries _____.

- 1.14 Will the coal be mined under a lease, sublease, or other contract? ☐ YES ☐ NO

Identify below every person owning the coal or controlling the coal to be mined under a lease, sublease, or other contract and having the right to receive the coal after mining. If none, check box ☐.

Also, identify below every person owning the coal or controlling the coal to be mined under lease, sublease, or other contract and having the authority to determine the manner in which the surface coal mining operation is conducted. If none, check box ☐.



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If any person listed below is a business entity and not an individual, also complete Item I.16 for that entity.

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer I.D. No.: _____
Social Security No.: _____
Ownership/ Control Relationship to Applicant: _____
Beginning Date of Relationship: _____

Note: Attach additional entries as needed using the above format and label Attachment I-A-1.14. Number of additional entries _____.

- 1.15 Identify below all persons who have the authority or ability to commit the financial, real property assets, or working resources of the applicant who are not otherwise identified as owners, officers, or directors of the applicant. If none, check box ☐.

If any person listed below is a business entity and not an individual, also complete Item I.16 for that entity.

Name: _____
Address: _____
City: _____ State: _____ Zipcode: _____
Telephone No.: _____
Employer I.D. No.: _____
Social Security No.: _____
Ownership/ Control relationship to applicant: _____
Beginning Date of Relationship: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-1.15. Number of additional entries _____.

- 1.16 Complete this item whenever a business entity is listed in items 1.12, 1.13, 1.14, 1.15, or 1.16. Check the box below that corresponds to the item number in which the entity is found.

Check appropriate box: ☐ 1.12 ☐ 1.13 ☐ 1.14
☐ 1.15 ☐ 1.16

Name of entity: _____



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List below the owners and controllers of entity. If any person listed is a business entity and not an individual, also complete an item 1.16 for that entity.

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Telephone No.: _____

Employer I.D. No.: _____

Social Security No.: _____

Ownership/ Control Relationship to Applicant: _____

Location in Organizational Structure: _____

Official Title Within Organization: _____

Date Position was Assumed: _____

Percent of Ownership: _____

Beginning Date of Ownership: _____

Beginning Date of Affiliation: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-1.16. Number of additional entries_____.

- 1.17 List all permits issued within the last five (5) years preceding the date of this application for surface coal mining operations in the United State owned or controlled by the applicant and/or person identified in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16.

Name of Permittee: _____

Address: _____

City: _____ State:_____ Zipcode: _____

Employer I.D. No.: _____

Permit Number	State	Regulatory Authority	MSHA Number	Date MSHA No. Issued

Note: Attach additional entries as needed using the above format and label Attachment I-A-1.17. Number of additional entries_____.



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- 1.18 List all permit applications pending for surface coal mining operations in the United States owned or controlled by the applicant and/or any person identified in Items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16.

Applicant: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Employer I.D. No.: _____

Permit Number	State	Regulatory Authority	MSHA Number	Date MSHA No. Issued

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-I.18. Number of additional entries _____.

2. Violation Information

- 2.1 Has the applicant or any person listed in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16 or any subsidiary, affiliate, or person controlled by or under common control with the applicant:

- a) Had a federal or state coal mining permit suspended or revoked in the five (5) years proceeding the date of this application?

☐ YES ☐ NO

- b) Forfeited a reclamation performance bond or a security deposited in lieu of a bond?

☐ YES ☐ NO

If YES to a) or b). above, complete the following:

Name of Applicant or Person: _____

Permittee: _____

Permit Number: _____ Date of Issuance: _____

Regulatory Authority Suspending or Revoking the Permit: _____

Stated Reason for Action: _____

Current Status of Permit: _____

If administrative or judicial proceedings initiated , provide the following:

Date: _____ Location: _____



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Permit Application No.: _____

Type: _____

Current Status: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-2.1. Number of additional entries _____.

- 2.2 Has the applicant been issued a notice of violation in connection with any surface coal mining and reclamation operation during the three (3) years preceding the date of this application for violation of SMCRA, any federal law, rule or regulation pertaining to air or water environmental protection, or any state law, rule or regulation enacted pursuant to federal law, rule, or regulation pertaining to air or water environmental protection?
☐ YES ☐ NO If YES, provide the following information:

Name to Whom Violation Was Issued: _____

Permit Number: _____

MSHA No.: _____ Date MSHA No. Issued: _____

Violation I.D. No.: _____

Issuing Regulatory Authority: _____

Date Violation Issued: _____

Description of Alleged Violation: _____

Abatement Actions Taken: _____

Date of Abatement Actions: _____

Type of Proceedings (Administrative or Judicial): _____

Date of Proceedings: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-2.2. Number of additional entries _____.

- 2.3 List all unabated cessation orders, and all unabated air and water quality notices of violation received prior to the date of this application by any surface coal mining and reclamation operation owned or controlled by either the applicant or by any person identified in items 1.11, 1.12, 1.13, 1.14, 1.15, or 1.16. If none, check box ☐.

Name of applicant or person: _____

Name to Whom Violation Was Issued: _____

Permit Number: _____

MSHA Number: _____ Date MSHA was Issued: _____



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Permit Application No.: _____

Violation I.D. Number: _____

Issuing Regulatory Authority: _____

Date Violation Issued: _____

Description of Alleged Violation: _____

Abatement Actions Taken: _____

Date of Abatement Actions: _____

Type of Proceedings (Administrative or Judicial): _____

Date of Proceedings: _____

Status of Proceedings: _____

Location of Proceedings: _____

NOTE: Attach additional entries as needed using the above format and label Attachment I-A-2.3. Number of additional entries _____.

